								Application or Docket Number					
	PATENT A	RD	10/010990										
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS 37							Г	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED NUM			ER EXTRA	В	BASIC FEE 370.00		OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			37 minus 20=		• 17			X\$ 9=		OR	X\$18=	306 ot	
INDEPENDENT CLAIMS			5 minus 3 = *					X42=	 	OR	X84=	162.	
MU	ILTIPLE DEPEN	DENT CLAIM P	RESENT				+140=			1		100	
• If	the difference	in caluman 1 is	ero, ente	r "O" in c	column 2	L	TOTAL		OR OR	TOTAL	1914	0	
, CLAIMS AS AMENDED - PART II								IOIAL	L	Jon	OTHER	The same	-
12/2/0 (Column 1) (Column 2) (Column 3)								MALL	ENTITY	OR	SMALL		
INTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY T	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 28	Minus `	**			工	X\$ 9=		OR	X\$18=		
	Independent	• 4	Minus	***		=		X42=		OR	X84=		
	FIRST PRESE	NTATION OF MI	JUTIPLE DE	PENDEN	T CLAIM		ı	 -140=			+280=		
	,	L	TOTAL		OR	TOTAL							
4	1/27/0	(Caluma 1)	}	(Colu	M	(Column 3)	AD	OIT. FEE		OR	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	KEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	-28	Minus	-3	7	-~		X\$ 9=		OR	X\$18=		
	Independent	• 4	Minus	***	-			X42=		OR	X84=	•	İ
	PINST PRESE	NTATION OF MI	JLI IPLE UEF	ENDENI	CLAIM	لبلي	Γ,	140=		OR	+280=		
							L	TOTAL		OR	TOTAL		
		(Column 1)		(Colu	ma 21	(Column 3)	ADI	DIT. FEE		,	ADDIT. FEE		l
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	. 1
	Total	•	Minus	28		-	5	C\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		•	 	(42=			X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR			
* If the entry in column 1 is less than the entry in column 2, write '0' in column 3.										OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***ADDIT. FEE OR ADDIT. FEE													
		ber Previously Pai					found	in the app	propriate box	th cot	umn 1.		